

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 122 V
Registered No. 396

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Betty Joe Tucker

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth Dec. 1, 1925
Month Day Year

8.

FATHER

Full name Louis James Tucker

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race

Cauc.

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country) Oklahoma

13. Occupation

Nature of industry Miner

14.

MOTHER

Full maiden name Cecelia Higginbottom

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race

Cauc.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

(State or country) Comanche, Texas

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

4

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4³⁰ A. m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Signature Cyril M. Brown M.D.
Physician

(Physician or midwife).

Address Miami, Arizona

Filed Dec 12, 1925 C. E. Tinn

Registrar

Registrar

239-1201-384